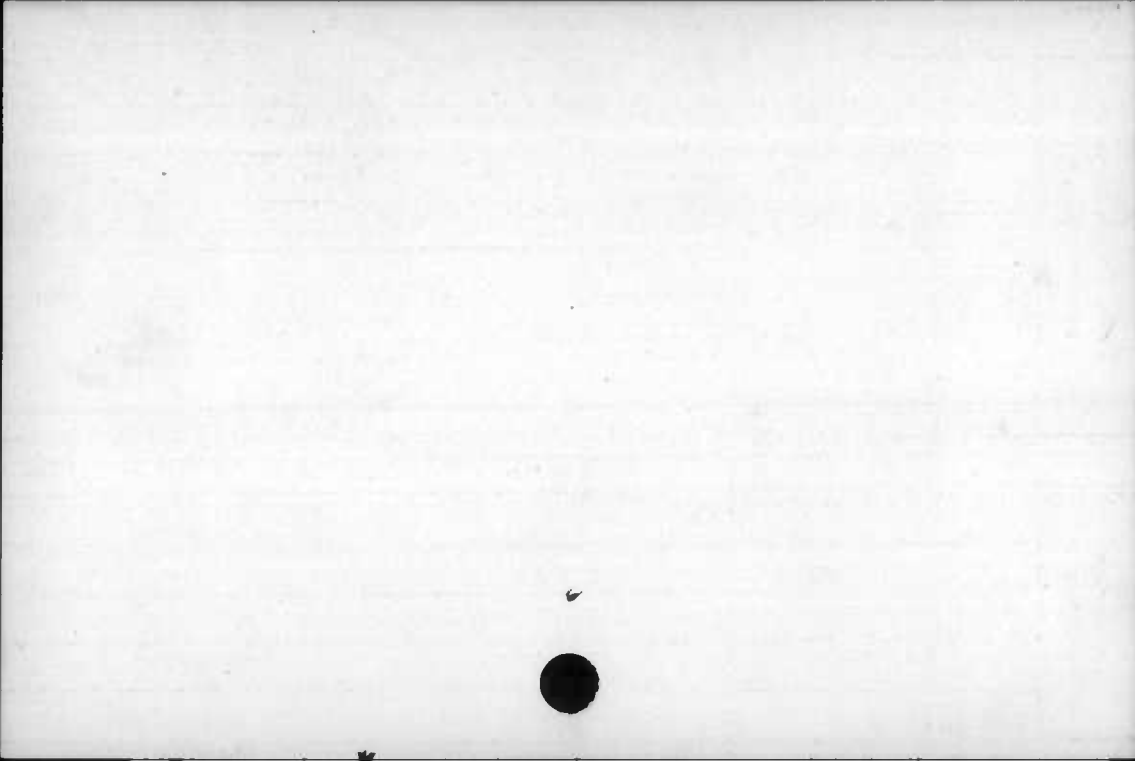


Name in Full		Bertha M. Alban				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1909	Month	May	Day	3
		Age		Years		Months		
		Sex		Female	Color or Race		White	
		Occupation		None		Birth-place		Hampstead
		Where Residing if not at place of death		—				
Married, Single or Widowed		Name of Wife or Husband		—				
Father's Name		Thomas Alban				Father's Birthplace		Balto Co.
Mother's Maiden Name		Ida Alban				Mother's Birthplace		" "
Name of person giving information		Ida Alban				How related to deceased		Mother.
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Broncho Pneumonia		How long		8 days
		Immediate		Shangulation		How long		5 min
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. F. Richards		
				Address		Hampstead		
Accident or Suicide?								



Name
in
Full

488
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Magruder Wilson Blizard</i>		Town <i>Finksburg</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Finksburg</i>		Date of death <i>1909 May 29</i>		Age <i>—</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>		Days <i>5-</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Bertron W. Blizard</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Edna Magruder</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Bertron W. Blizard</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Icterus.</i>		How long <i>3 days.</i>	
Immediate <i>Internal convulsions.</i>		How long <i>8 hours.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Foutz, M.D.</i>	
		Address <i>Washington Md.</i>	
Accident or Suicide? <i>no</i>			

Funkelberg Cemetery
Shawnee

Name
in
Full

Dora Elizabeth

Brown

481

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County **MARYLAND**

Date of death 190 *9* Month *May* Day *10* Age Years Months Days *28*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

Jessie Lewis Brown

Father's Birthplace

Maryland

Mother's Maiden Name

Rosemond Rowe

Mother's Birthplace

Maryland

Name of person giving Information

Jessie Brown

How related to deceased,

Father

CAUSES OF DEATH

10

Primary

Eugenic

How long

Immediate

Convulsions

How long

24 hours

Are the name, age, sex, color, date and piece correctly given above?

Signature of Physician

John J. Stewart

Address

Westminster Md

Accident or Suicide

PHYSICIAN
OR CORONER

St Benjamin's cemetery
Shiner

Name in Full		Herbert Oscar Buckingham						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Woodbine</i>			County <i>Carroll</i>			MARYLAND	
		Date of death 90 9		Month 5	Day 12	Age 1	Years 1	Months 6	Days 8
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
		Occupation <i></i>				Where Residing if not at place of death <i>Woodbine Md.</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
		Father's Name <i>Clarence Buckingham</i>				Father's Birthplace <i>Carroll Co., Md.</i>			
		Mother's Maiden Name <i>Kettie Hess</i>				Mother's Birthplace <i>Carroll Co., Md.</i>			
		Name of person giving In formation <i>Clarence Buckingham</i>				How related to deceased <i>Father.</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">167</div>									
PHYSICIAN OR CORONER		Primary <i>Scald of left arm & breast</i>				How long <i>36 hours</i>			
		Immediate <i>Collapse from shock</i>				How long <i>cr</i>			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>E. O. Rank</i>			
						Address <i>Winfield Carroll Co.</i>			
		Accident or Suicide?							

Morgan Chapel

Name
in
Full

Orlando A. Burton

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Sykesville

Carroll

Date

of death

1907 May.

Month

Day

21

Age

Years

83

Months

5

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Phila. Pa.

Occupation

Dentist

Where Residing if not
at place of death

same.

Married, Single
or Widowed

married

Name of Wife &
Husband

Emeline Burton

Father's
Name

Jehu Burton

Father's
Birthplace

Delaware

Mother's
Maiden Name

Maria Smith

Mother's
Birthplace

Pa.

Name of person giving
Information

Emeline Burton

How related
to deceased

wife

CAUSES OF DEATH

146

Primary

Old age.

How long

Immediate

Mastoid Abscess

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

M D Morris

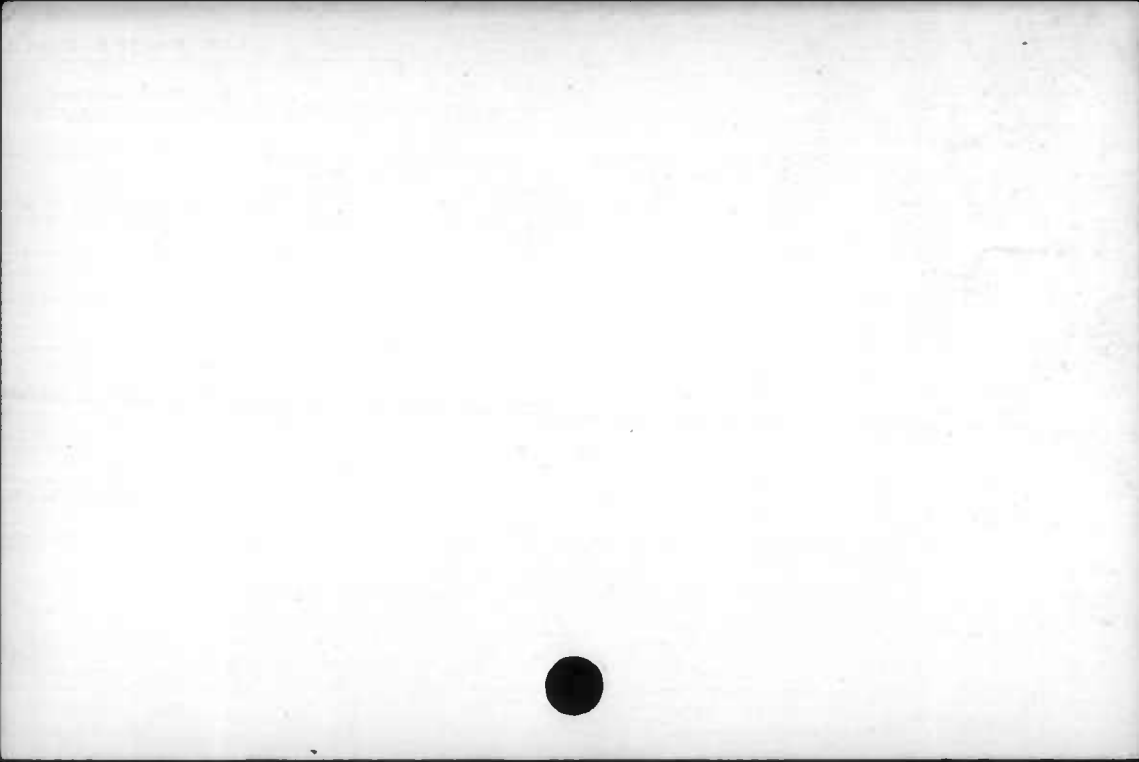
Address

Eldersburg

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harry E. Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgeville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>5</i>	Day	<i>8</i>
Age		<i>x</i>	Years	Months	<i>3</i>
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Baby</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>	Name of Wife or Husband		
Father's Name		<i>Chas. T. Bussard</i>		Father's Birthplace	
Mother's Maiden Name		<i>Lolara J. Baker</i>		Mother's Birthplace	
Name of person giving information		<i>Chas. T. Bussard</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Pneumonia</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

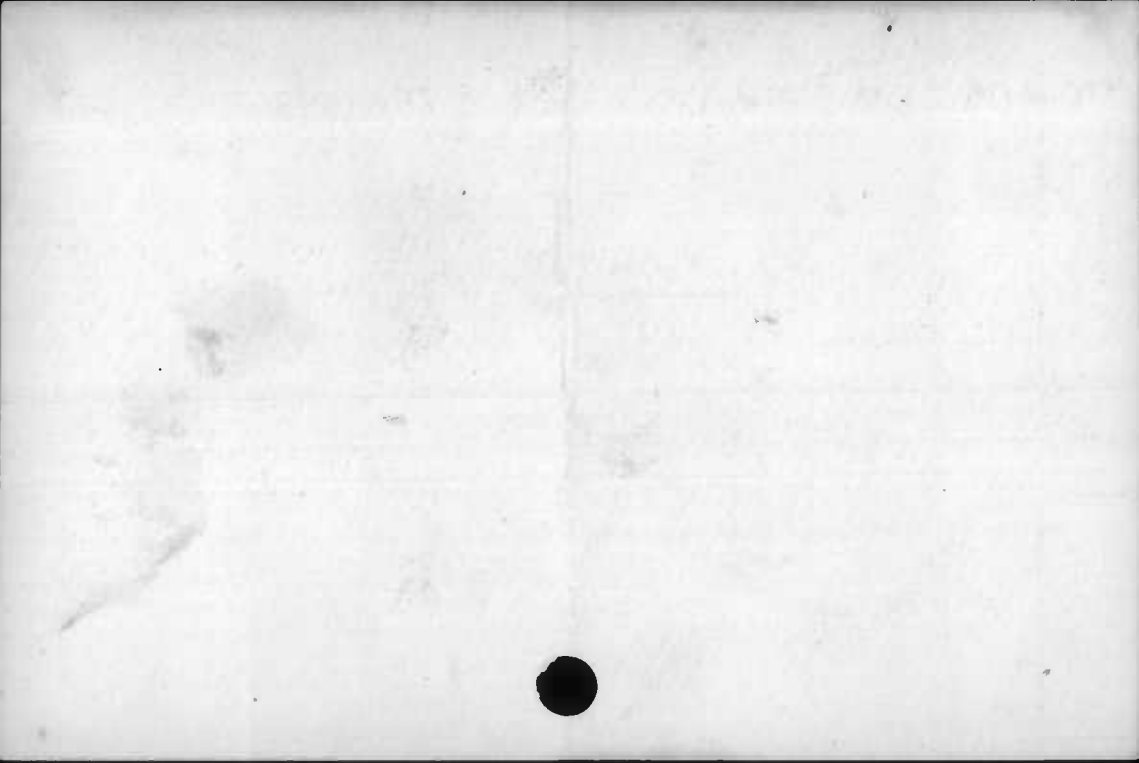
Signature of Physician

W. E. Gaver

Address

Int airy ind

Accident or Suicide?



Name
in
Full

Eliza S. Chester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Sykesville* County *Carroll* **MARYLAND**

Died at *Sykesville* Month *May* Day *7th* Year *61* Months Days

Date of death *1909* Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *-*

Married, ~~Single~~ *Single* Name of Wife or Husband *George L. Chester*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *George L. Chester* How related to deceased *Husband*

CAUSES OF DEATH

92

Primary *Broncho-Pneumonia* How long *12 da*

Immediate *Cardiac Arrest* How long *-*

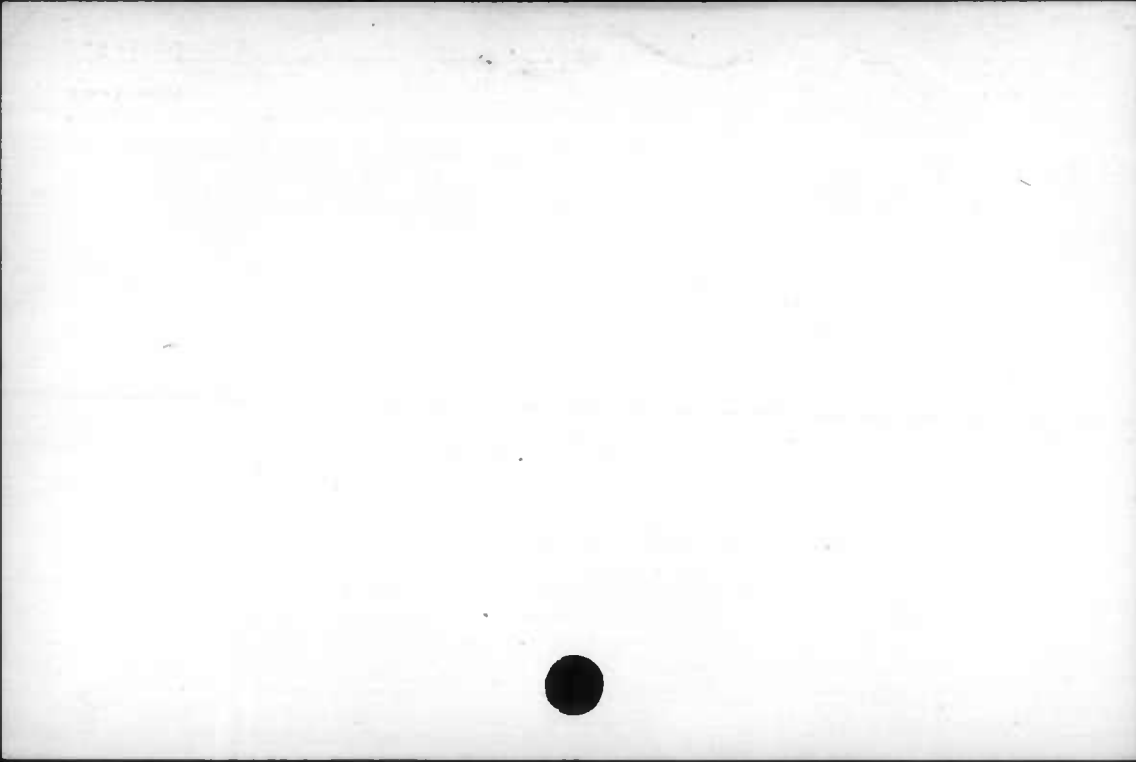
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John Norfolk Morris M.D.*

Address *Springfield Hospital*

Accident or Suicide *-* *Sykesville, Carroll Co. Md.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Briceville* TownCounty *Carroll*Date of death *1909 May*

Month

Day *5*Age *25* YearsMonths *1*Days *18*Sex *Female*Color or Race *White*Birth-place *Carroll Co Md*Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *William H. Cover*Father's Birthplace *Fredrick Co Md*Mother's Maiden Name *Mary White*Mother's Birthplace *Carroll Co Md*Name of person giving information *John H White*How related to deceased *Grandfather*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Marasmus*How long *1 mo. 14 days*Immediate *Malnutrition*How long *Several weeks*

Are the name, age, sex, color, date and place correctly given above?

yes

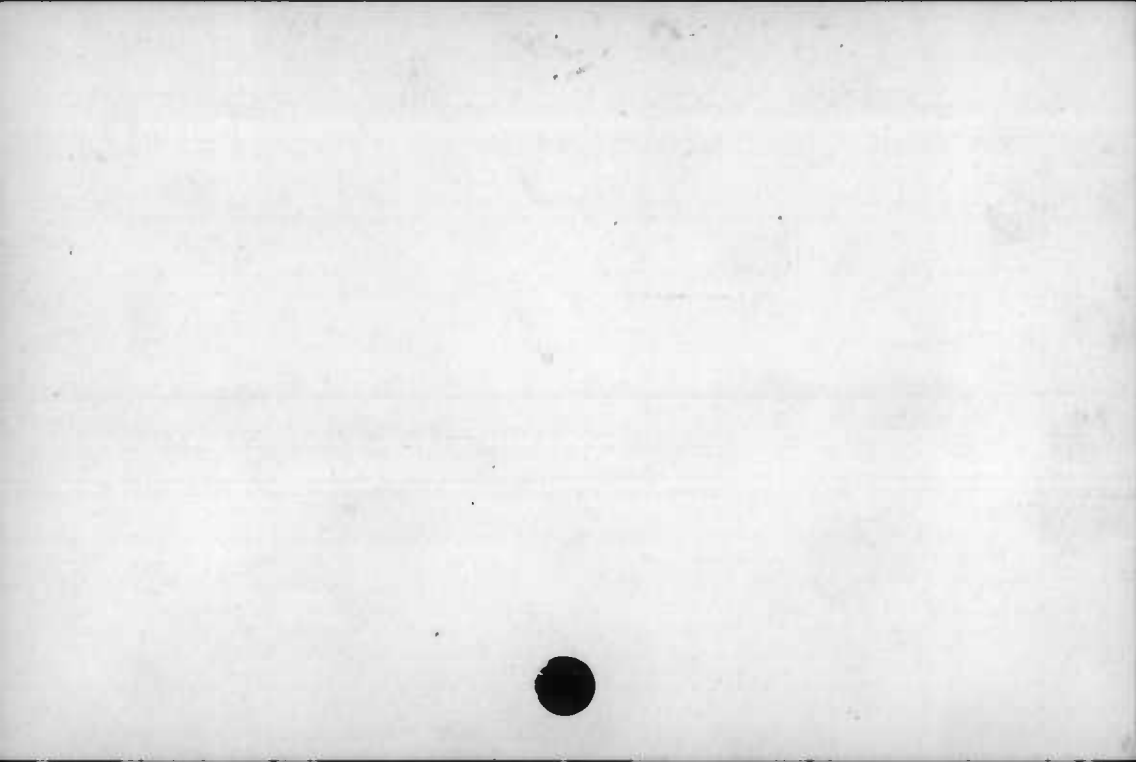
Signature of Physician

C. M. Benner M.D.

Address

Panegyton Md

Accident or Suicide?



Name
in
Full

Elizabeth R. Diehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

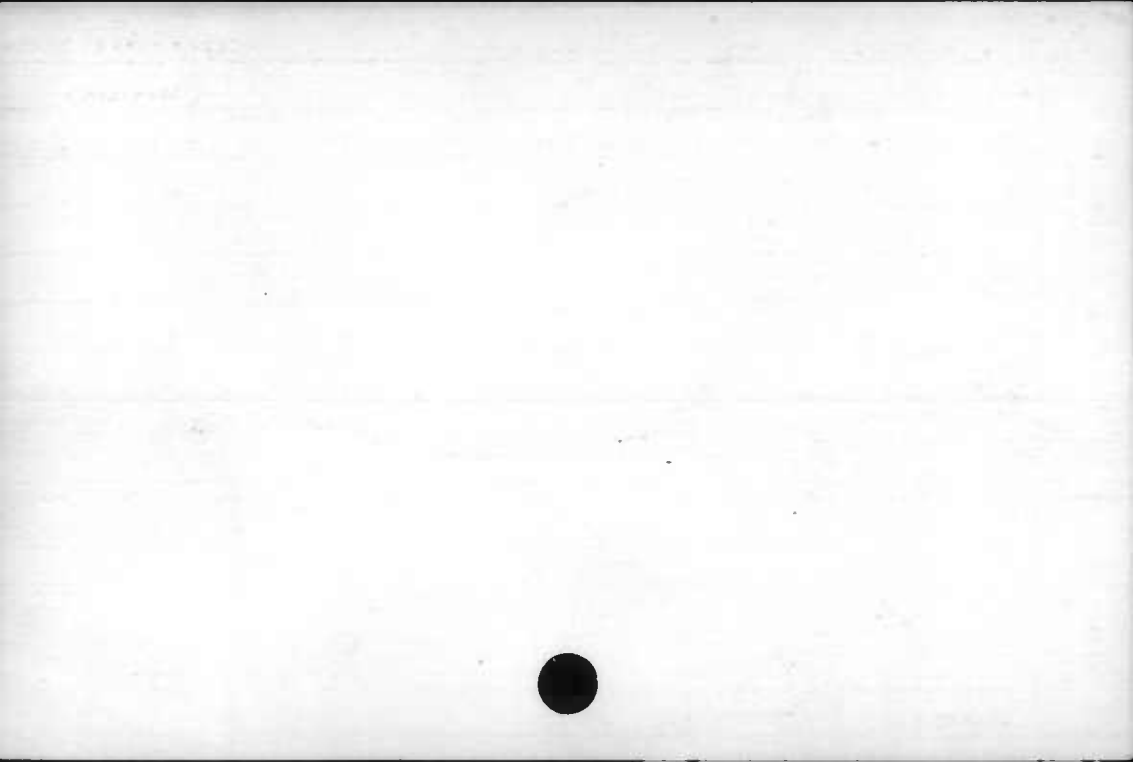
Died at ^{Town} Springfield Hospital - ^{County} Carroll		MARYLAND	
Date of death 1909	Month May	Day 27 th	Age 51
Sex Female	Color or Race White	Birth-place	Carvertown Md.
Occupation Housekeeper	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Francis M. Diehl	Father's Birthplace Md.		
Mother's Maiden Name Mary Ann (Diehl) Crouse	Mother's Birthplace Md.		
Name of person giving Information Hospital records.	How related to deceased none.		

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary ?	How long
Immediate General Peritonitis	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician W. Henry Fisher M.D.
	Address Sykesville Md.
Accident or Suicide No.	



Name
in
Full

Franklin A. Leist

483
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1909		May		22	
Sex		Male		Color or Race		White	
Occupation		Retired		Birth-place		Germany	
Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband		Louisa. Green	
Father's Name		Anthony. Leist		Father's Birthplace		Germany	
Mother's Maiden Name		Mary Leist		Mother's Birthplace		do	
Name of person giving information		Herman U. Leist		How related to deceased		Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	24 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. M. Sullivan
yes		Address	146 Main St
Accident or Suicide?			

Westminster Cemetery

Shaner

Name in Full		Mary E. Durrall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near <i>Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
	Date of death	1909	Month <i>5</i>	Day <i>27</i>	Age <i>83</i>	Months	Days
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place
	Occupation	<i>House work</i>		Where Residing if not at place of death <i>near Westminster Md.</i>			
	Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>George W. Durrall (deceased)</i>			
	Father's Name	<i>Peter Cook (deceased)</i>				Father's Birthplace	<i>Carroll Co., Md.</i>
	Mother's Maiden Name	<i>Mary E. Graublin (")</i>				Mother's Birthplace	<i>Carroll Co., Md.</i>
Name of person giving information	<i>Alvin L. Durrall</i>				How related to deceased	<i>Son</i>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>							
PHYSICIAN OR CORONER	Primary	<i>Old age</i>				How long	<i>5 months</i>
	Immediate	<i>Dropsy & Heart Disease</i>				How long	<i>3 Months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>Jas. H. Billingslea</i>		
	Address	<i>Westminster Md.</i>					
Accident or Suicide? <i>No.</i>							

Stone Chapel

Name
in
Full

Greenberg

Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>near</i>		Town <i>Winfield</i>		County <i>Carroll</i>	
Date of death <i>1909</i>		Month <i>5</i>	Day <i>6</i>	Age <i>49</i>	Months <i>5</i> Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland.</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Winfield, Md.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Goodwin</i>			
Father's Name <i>George Goodwin (deceased)</i>			Father's Birthplace <i>Carroll Co. Md.</i>		
Mother's Maiden Name <i>Eliza Porter</i>			Mother's Birthplace <i>Carroll Co. Md.</i>		
Name of person giving information <i>Anna Goodwin</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

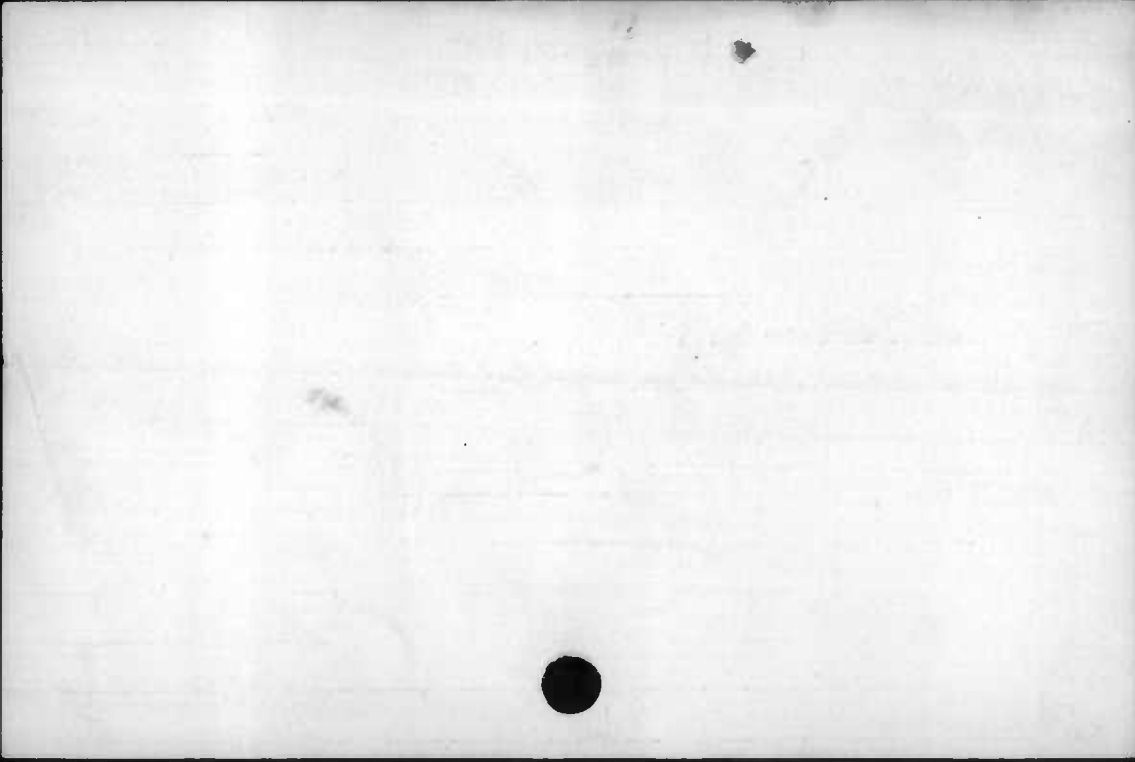
120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>about 3 yrs</i>
Immediate <i>Uremic coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E D Gwilt</i>
	Address <i>Winfield Carroll Co</i>
Accident or Suicide?	

Ebenezer

Name in Full		Susanna Hoffacker +				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Manchester		County Carroll Co		MARYLAND	
	Date of death		1909	Month May	Day 28	Age	Years 76	Months 11
							Days 24	
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		Baltimore Co	
					Where Residing if not at place of death		Manchester	
	Married, Single or Widowed		Widow		Name of Wife or Husband		Jacob Hoffacker	
	Father's Name		Christian Friedrich		Father's Birthplace		Baltimore Co	
Mother's Maiden Name		Mary Hoffacker		Mother's Birthplace		Baltimore Co		
Name of person giving information		Theodore Hoffacker		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Angina Pectoris				How long	1 day
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J H Sherman M.D.	
					Address		Manchester Md	
	Accident or Suicide?							



Name
in
Full

Malcolm Arthur Lambert

CERTIFICATE OF DEATH

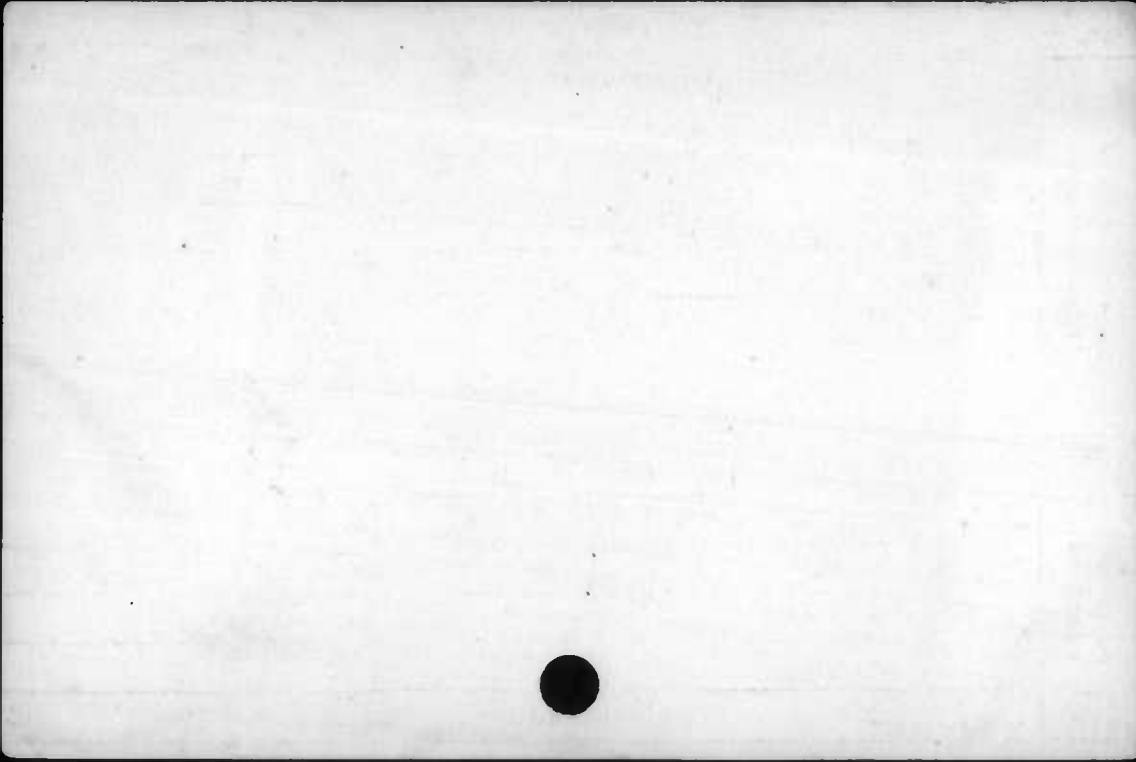
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	1909	Month	May	Day	20
Age		41		Years	
Sex		Male		Color or Race	White
Occupation				Birth-place	Mayfield
Where Residing if not at place of death		New Windsor			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Arthur Lambert		Father's Birthplace	
Mother's Maiden Name		Willie E. Cashman		Mother's Birthplace	
Name of person giving information		John W. Lambert		How related to deceased	
				Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Complications</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. M. Whitehead</i>	
		Address	
		<i>New Windsor Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

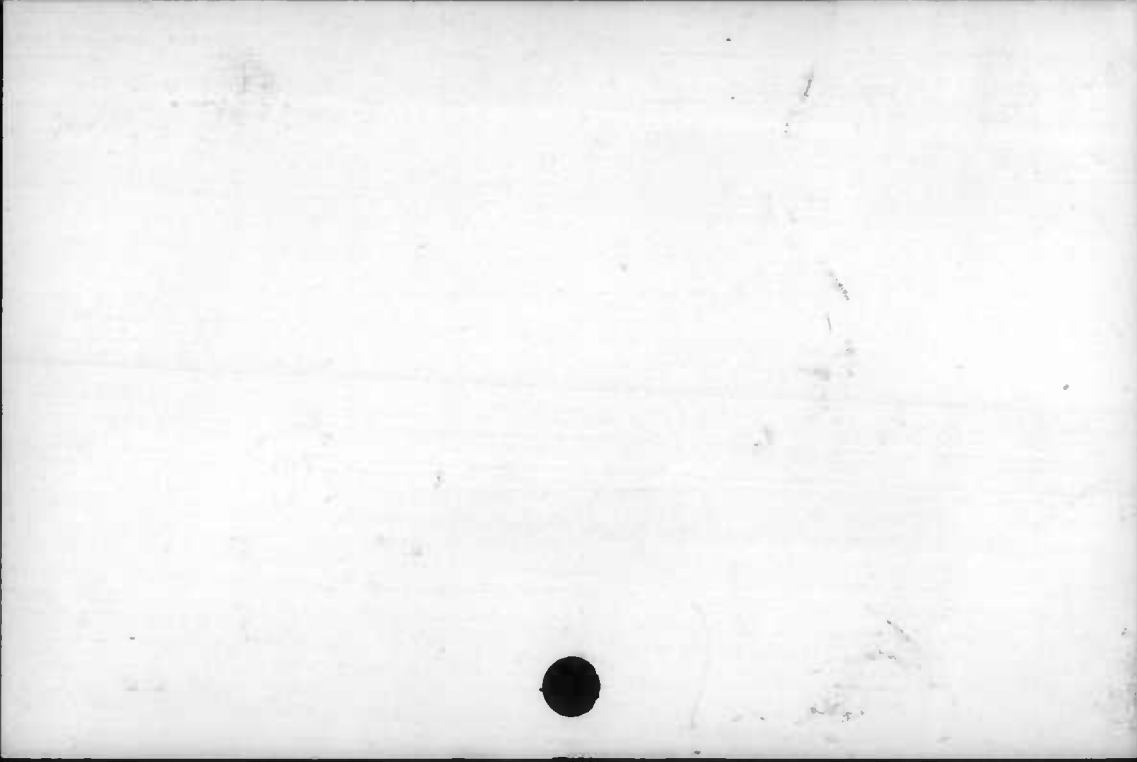
Died at <i>new Hrobeni</i> ^{Town}		<i>6 anod</i> ^{County}		MARYLAND	
Date of death <i>1907 May</i> ^{Month}	<i>24</i> ^{Day}	<i>40</i> ^{Years}	<i>not known</i> ^{Months}		<i>not known</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>not known</i>			
Occupation <i>Brake man</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>not known</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>J. I. Lewis Brown</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>accident</i>	<i>Cut to pieces one leg cut off the other smashed at neck on his head.</i>	How long
Immediate <i>accident</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank L Lewis Brown</i>	Address <i>11- Andy, N E</i>
Accident or Suicide? <i>accident</i>		



Name
in
Full

Elizabeth A. Marring

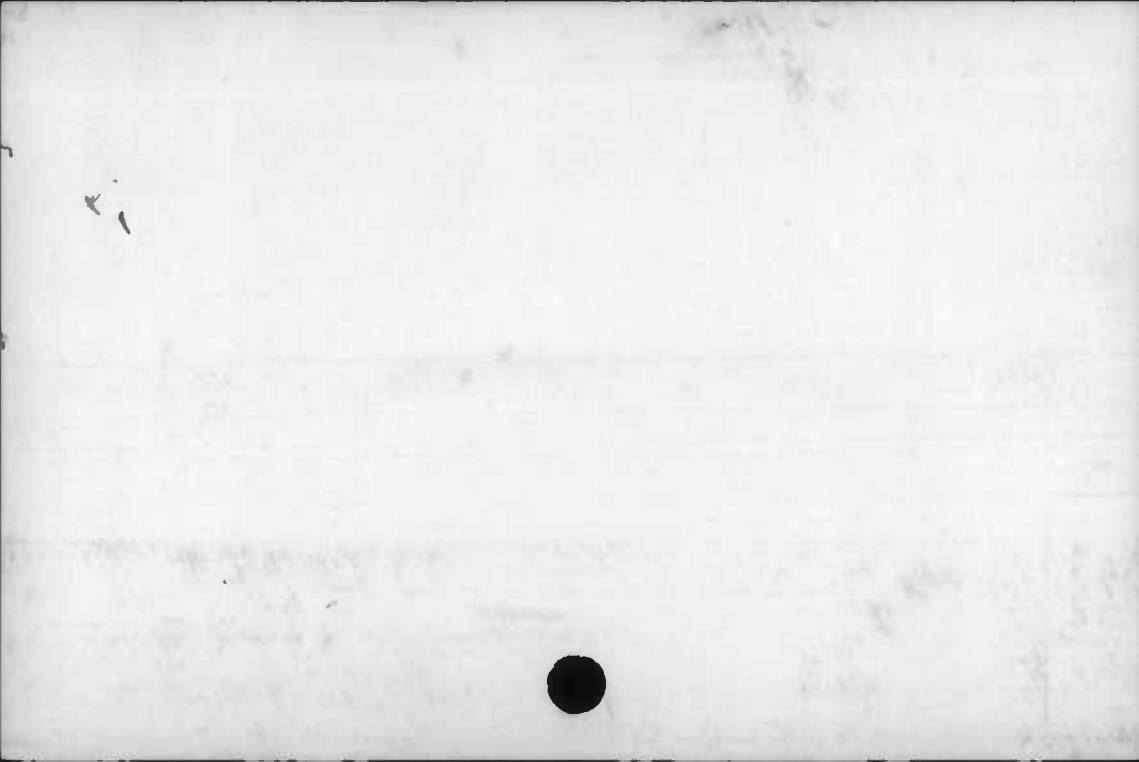
CERTIFICATE OF DEATH

Died at		Town Harvey		County Carroll		MARYLAND	
Date of death		Month May	Day 23	Age	Years 58	Months 7	Days 12
Sex Female		Color or Race White		Birth-place Pennsylvania			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Jonas Marring					
Father's Name Jessie Shauets		Father's Birthplace Unknown					
Mother's Maiden Name Rachael Eyles		Mother's Birthplace Unknown					
Name of person giving information John W. Marring		How related to deceased Son					

CAUSES OF DEATH

62

PHYSICIAN OR CORONER	Primary	Locomotor Ataxia	How long	Nearly 12 years
	Immediate	General Paralysis	How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Chandor M. Benner M.D.	
		Address		Panelytown Md.
Accident or Suicide?				



Name
in
Full

Miller

480
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Finksburg</i> <small>Town</small>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909</i>	<i>May</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Finksburg</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. E. Miller</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John Bloom</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>Unknown</i>
Immediate <i>Spasms</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No Physician</i>
	Address <i>Calvin H. Shover</i>
	<i>Sub Registrar</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Louisa Morelock

479
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> Town		<u>leannoll</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>May</u>	Day <u>12</u>	Age <u>80</u>	Years <u>7</u> Months <u>20</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>David E Morelock</u>				
Father's Name <u>George Fleagle</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lidia Frock</u>	Mother's Birthplace <u>do</u>				
Name of person giving Information <u>George Morelock</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>Many Years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. M. Sullivan</u>
	Address <u>146 E. Main St</u>
Accident or Suicide?	

Bapt Church

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still Born
Town

Nicholas
County

MARYLAND

Died at Oakland

Carroll

Date of death 1909 May 25

Age

Sex
Occupation

Male
None

Color or
Race

White

Birth-
place

Oakland

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas. A. Nicholas

Father's
Birthplace

Ind

Mother's
Maiden Name

Myrtle Merriman

Mother's
Birthplace

Ind

Name of person giving
Information

Chas. A. Nicholas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. W. Ritter

Address

Sub - Reg. Sykesville

Accident or Suicide

PHYSICIAN
OR CORONER

The following
indicates the
date of the



Name in Full		Mary E. Nygren				482	
		Town				County	
		Westminster				Carroll	
		Died at				MARYLAND	
		Date of death		Month	Day	Age	Years
		1909		May	22	54	5
							Months
							29
		Sex		Color or Race		Birth-place	
		Female		White		Maryland	
		Occupation		Where Residing if not at place of death			
		Nurse					
		Married, Single or Widowed		Name of Wife or Husband			
		Widow		Nicholas E. Nygren			
		Father's Name		Father's Birthplace			
		John Swartsbaugh		Maryland			
		Mother's Maiden Name		Mother's Birthplace			
		Mary E. Green		do			
		Name of person giving information		How related to deceased			
		Leahney E. Nygren		Son			
		CAUSES OF DEATH					
		109					
		Primary		How long			
		Intestinal Indigestion.		4 days			
		Immediate		How long			
		Intestinal Impaction & Heart Failure.		3 days			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		yes		Chas. R. Fouch.			
				Address			
				Westminster			
		Accident or Suicide?					
		no					

Westminster Cemetery

Shaw.

Name
in
Full

James E. S. Pearson

484
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *Carroll* County *MARYLAND*

Date of death *1909* Month *May* Day *24* Age *67* Years *3* Months *3* Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Artist* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Isaac E. Pearson*

Father's Name *James M. Shellman* Father's Birthplace *Georgia*

Mother's Maiden Name *Katharine J. Jones* Mother's Birthplace

Name of person giving information *Mary B. Shellman* How related to deceased *Sister*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *several years*

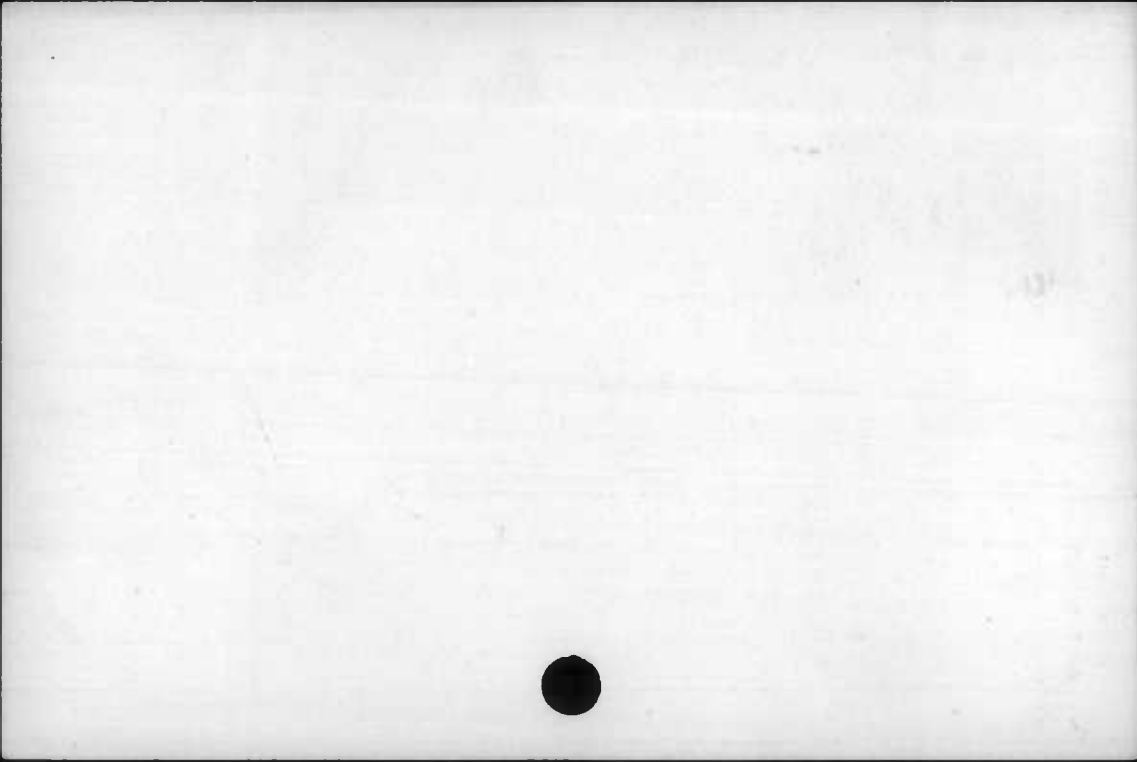
Immediate *Uraemic Coma* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. M. Sullivan*

Address *Westminster, Md*

Accident or Suicide?



Name
in
Full

William H. Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Springfield Hospital* County *Carroll* *X*
 Died at *Springfield Hospital* *MARYLAND*
 Date of death *1909* Month *May* Day *3* Age *54* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *md.*
 Occupation *Merchant* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *"*
 Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes Mellitus* How long *about 3 yrs*
 Immediate *General debility* How long *progressive*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Carley*
 Address *Lykensville md*
 Accident or Suicide *No*



Name
in
Full

Lewis Row

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

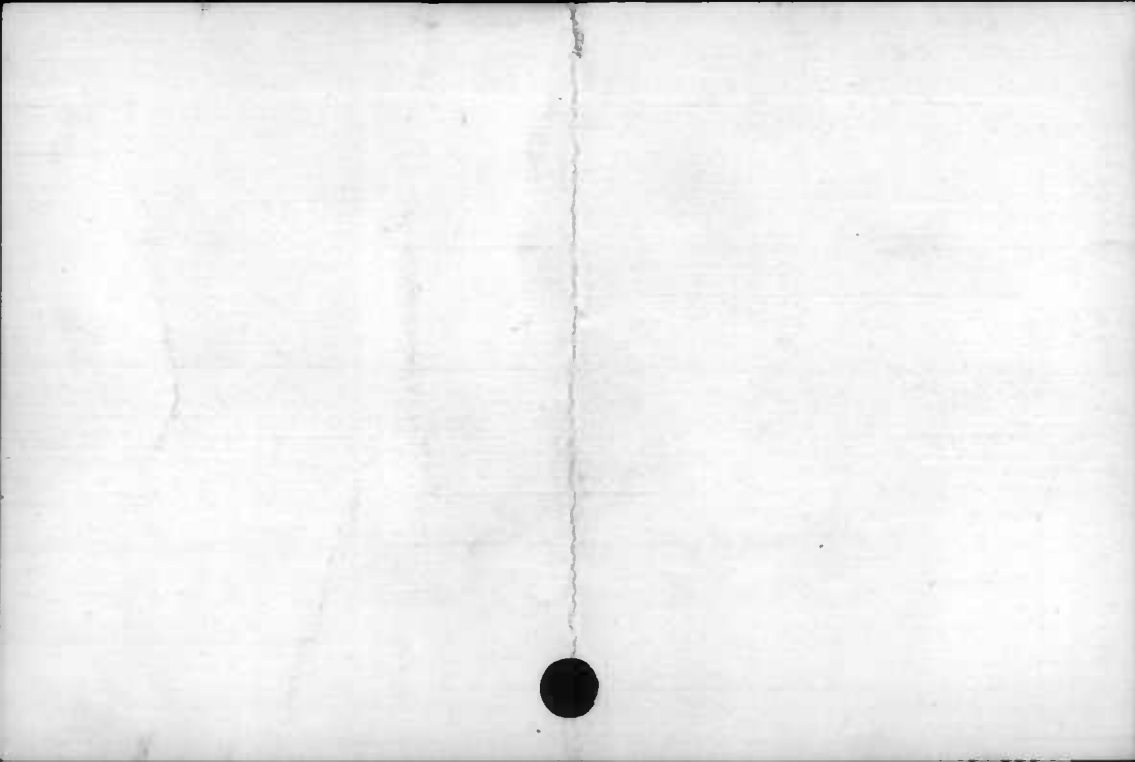
Died at <i>near Mt Airy</i>		County <i>Carrill</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>3</i>	Age <i>52</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White American</i>			Birth-place <i>Baltimore Md</i>	
Occupation <i>Collector</i>			Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Row</i>			
Father's Name <i>Joseph Row</i>			Father's Birthplace <i>In Germany</i>		
Mother's Maiden Name <i>Sarah Richardson</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Susan Row</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Immediate	<i>asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Gaver</i>
		Address <i>Mt Airy Md</i>
Accident or Suicide?		



Name
in Full

Mary Jane Staub

478

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i> ^{Month} <i>May</i> ^{Day} <i>4</i>	Age	<i>52</i> ^{Years}	Months	<i>2</i> ^{Days} <i>5</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housekeeper</i>				
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>George R. Staub</i>		
Father's Name	<i>Josiah Finney</i>	Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Sarah Ann Rogers</i>	Mother's Birthplace	<i>Maryland</i>		
Name of person giving Information	<i>Norma Staub</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Several Moos</i>
Immediate	<i>Convulsions</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>George H. Benson</i>	
		Address	
		<i>Chas. R. Foub</i>	
		<i>New Windsor</i>	
		<i>Westminster Md</i>	
Accident or Suicide	<i>No</i>		

North town Cemetery
Storror.

Name
in
Full

Samuel R. Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freedom</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1909	Month	May	Day	12
Age	53	Years		Months	4
Sex	Male	Color or Race	White	Birthplace	Carroll Co. Ind.
Occupation	Attendant State Hosp.		Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed	Married	Name of Wife	Mamie E. Warfield		
Father's Name	S. D. Warfield		Father's Birthplace	Ind R. Co	
Mother's Maiden Name	Clarrisa J. Gore		Mother's Birthplace	Carroll Co	
Name of person giving Information	J. O. Warfield		How related to deceased	Brother	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 yrs</i>
Immediate	<i>asthenia</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M D Morris</i>
		Address	<i>Eldersburg.</i>
Accident or Suicide	<i>-</i>		



Name
In
Full

CERTIFICATE OF DEATH

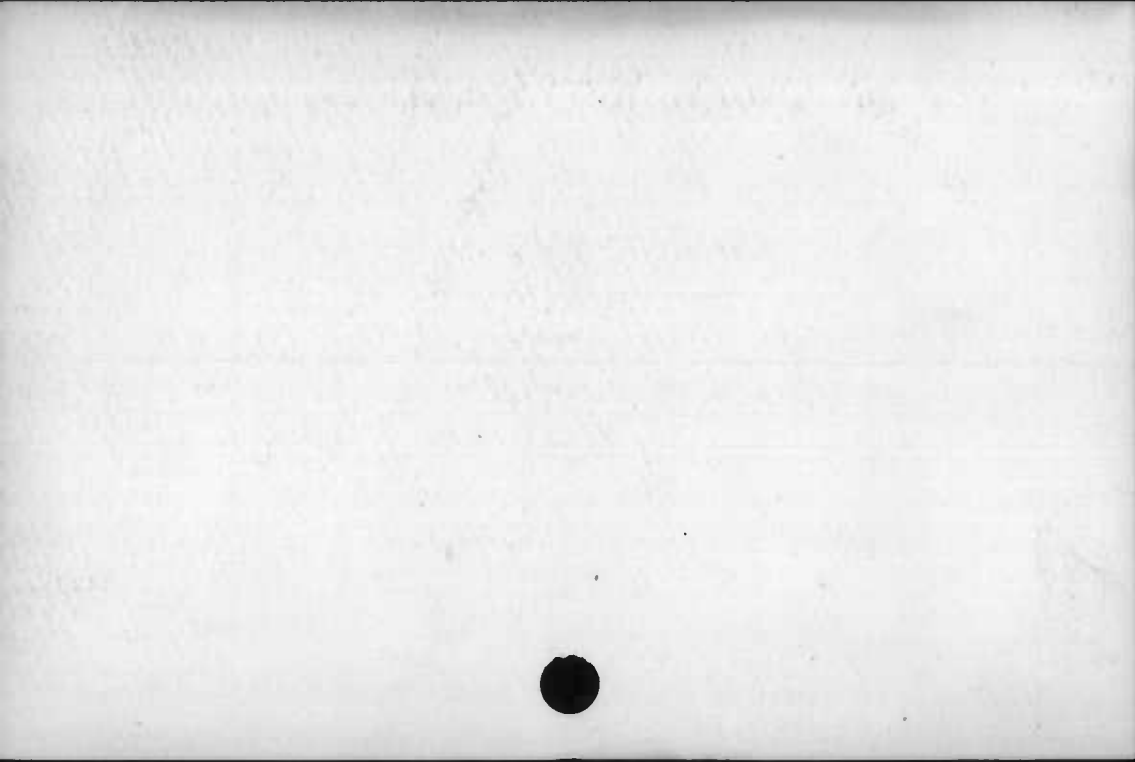
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William W. Wheeler</i>		Town <i>Waterson</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Waterson</i>		Date of death <i>1909</i>		Month <i>May</i>		Day <i>15</i>	
Age <i>Stillborn</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Julian. Wheeler.</i>				Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Sadie. S. Richards.</i>				Mother's Birthplace <i>Phil. Pa</i>			
Name of person giving information <i>" " "</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillborn</i>	How long	<i>—</i>
Immediate	<i>"</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. T. Cronk,</i>	
		Address <i>Taylorville. Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

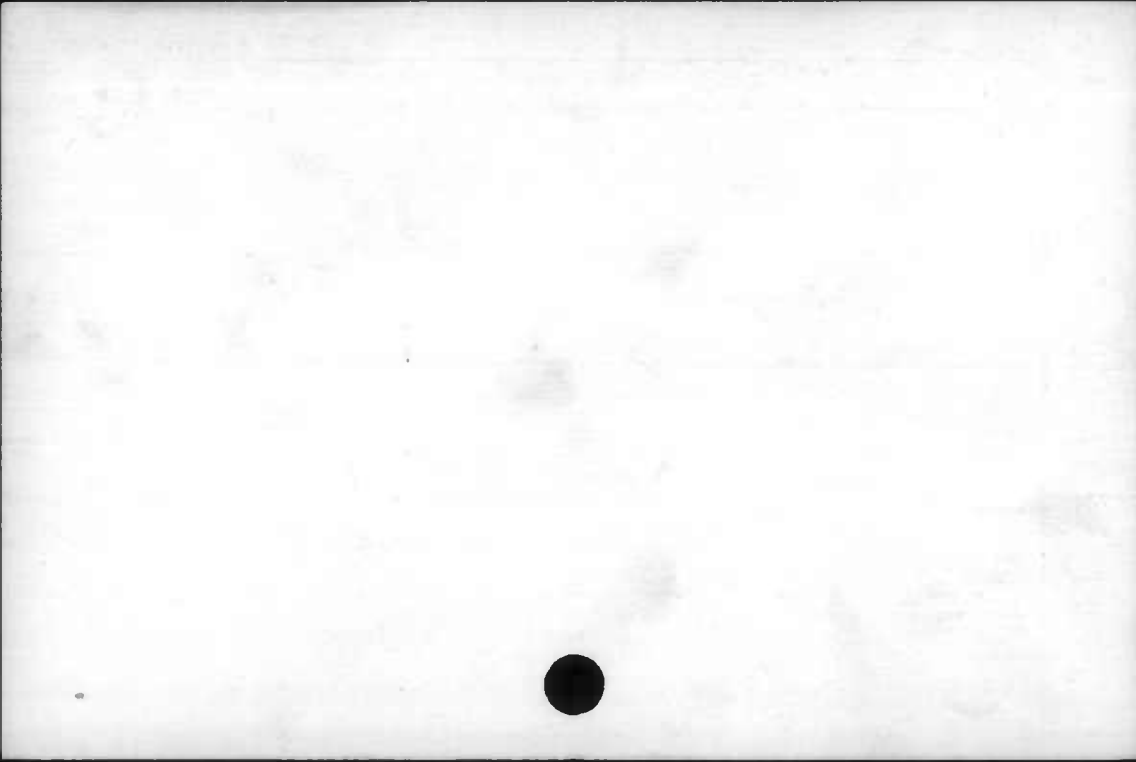
John Whitman
Died at *Sykesville* ^{own} County *Carroll* MARYLAND
Date of death 190 *9* Month *May* Day *16* th Age *Unknown* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Unknown*
Occupation *None* Where Residing if not at place of death
Married, Single or Widowed *Unknown* Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Hosp. Records* How related to deceased

CAUSES OF DEATH

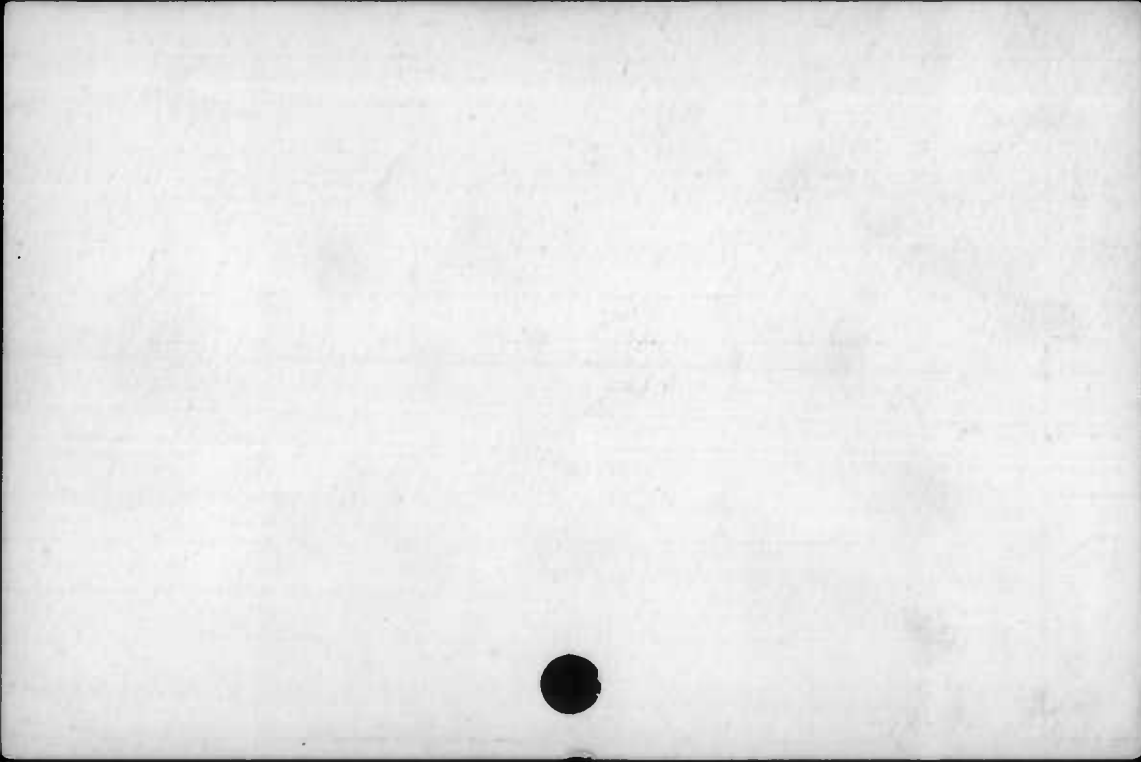
154

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *1 year*
Immediate *Exhaustion* How long *Progressive*
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *E. H. Snively*
Address *Springfield State Hosp. Sykesville, Md.*
Accident or Suicide *No.*



Name in Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Maryland					
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth R. Gepp.
 Died at *Melrose.* Town *Cumell* County

MARYLAND

Date of death *1909* Month *May* Day *8* Age *75* Years Months *7* Days *13*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House Wife* Where Residing if not at place of death *Melrose*

Married, Single or Widowed *—* Name of Wife or Husband *Geo. Gepp & Co*

Father's Name *Peter Juty* Father's Birthplace *Germany.*

Mother's Maiden Name *Elizabeth Lipsey* Mother's Birthplace *Cumell Md.*

Name of person giving information *Geo Gepp* How related to deceased *Husband.*

CAUSES OF DEATH

95

Primary *Hypostatic Pneumonia*

How long *10. das*

Immediate *Cerebral Angustion*

How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Szigler
Melrose Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

